

CSD 1100 [08/28/14]

Name, Address, Telephone No. & I.D. No.

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UNITED STATES BANKRUPTCY COURT
 SOUTHERN DISTRICT OF CALIFORNIA
 325 West "F" Street, San Diego, California 92101-6991

In Re

Ricardo Deleon Gavino
 Edna Castro Gavino

BANKRUPTCY NO. 15-00682

Debtor.

AMENDMENT

Presented herewith are the original and one conformed copy of the following [Check one or more boxes as appropriate]:

Petition

Exhibit A to Voluntary Petition

Exhibit C to Voluntary Petition

Exhibit D - Individual Statement of Compliance with Credit Counseling

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data

Schedule A & B - Schedule of Real or Personal Property

Schedule C - Schedule of Property Claimed Exempt

Schedule D, E, or F, and/or Matrix, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009

☐ Adding or deleting creditors (diskette required), changing amounts owed or classification of debt - \$30.00 fee required. See instructions on reverse side.

☐ Correcting or deleting other information. See instructions on reverse side.

Schedule G - Schedule of Executory Contracts & Expired Leases

Schedule H - Schedule of Co-Debtor

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditure of Individual Debtor(s)

Statement of Financial Affairs

Statement of Current Monthly Income and Means Test Calculation (Form B22A)

Statement of Current Monthly Income (Form B22B)

Statement of Current Monthly Income and Calculation of Commitment Period and Disposable Income (Form B22C)

Other: _____

Dated:

06/04/2015

Signature



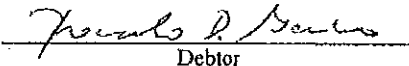
Attorney for Debtor

DECLARATION OF DEBTOR

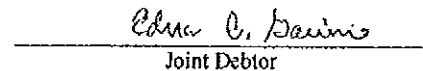
I [We] Ricardo Deleon Gavino and Edna Castro Gavino, the undersigned debtor(s), hereby declare under penalty of perjury that the information set forth in the amendment attached hereto, consisting of ___ pages, and on the creditor matrix diskette, if any, is true and correct to the best of my [our] information and belief.

Dated:

6-2-15



Debtor



Joint Debtor

CSD 1100

REFER TO INSTRUCTIONS ON REVERSE SIDE

CSD 1100 (Page 2 [08/28/14])

INSTRUCTIONS

- A. Each amended page is to be in the same form as the original but is to contain **ONLY THE INFORMATION TO BE CHANGED OR ADDED**. Pages from the original document which are not affected by the change are not to be attached.
1. Before each entry, specify the purpose of the amendment by inserting:
 - a. "ADDED," if the information was missing from the previous document filed; or
 - b. "CORRECTED," if the information modifies previously listed information; or
 - c. "DELETED," if previously listed information is to be removed.
 2. At the bottom of each page, insert the word "AMENDED."
 3. Attach all pages to the cover page and, *if a Chapter 7, 11, or 12 case*, serve a copy on the United States Trustee, trustee (if any) and/or the members of a creditors' committee. *If a Chapter 13 case*, serve a copy on the trustee; DO NOT serve a copy on the United States Trustee.
- B. Comply with Local Bankruptcy Rule 1009 when adding or correcting the names and/or addresses of creditors (diskette required when Amendment submitted on paper) or if altering the status or amount of a claim.

AMENDMENTS THAT FAIL TO FOLLOW THESE INSTRUCTIONS MAY BE REFUSED
**** AMENDMENTS FILED AFTER THE CASE IS CLOSED ARE NOT ENTITLED TO A REFUND OF FEES ****

CERTIFICATE OF SERVICE

I, the undersigned whose address appears below, certify:

That I am, and at all times hereinafter mentioned was, more than 18 years of age;

That on June 4, 2015, I served a true copy of the within AMENDMENT by [describe here mode of service]

US MAIL

on the following persons [set forth name and address of each person served] and/or as checked below:

☐ Chpt. 7 Trustee:

☐ For Chpt. 7, 11, & 12 cases:

UNITED STATES TRUSTEE
Department of Justice
402 West Broadway, Suite 600
San Diego, CA 92101

☐ For ODD numbered Chapter 13 cases:

THOMAS H. BILLINGSLEA, JR., TRUSTEE
401 West "A" Street, Suite 1680
San Diego, CA 92101

☒ For EVEN numbered Chapter 13 cases:

DAVID L. SKELTON, TRUSTEE
525 "B" Street, Suite 1430
San Diego, CA 92101-4507

I certify under penalty of perjury that the foregoing is true and correct.

Executed on

6/3/2015
(Date)

Aimee Benz
Aimee Benz
Law Offices of Mark L. Miller
2341 Jefferson ST STE 100
San Diego, CA 92110
Address

CSD 1100

AMENDED**Fill in this information to identify your case:**

Debtor 1 Ricardo Deleon Gavino

Debtor 2 Edna Castro Gavino
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of California

Case number 15-00682
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3)
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3)
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☒ Check if this is an amended filing**Official Form 22C-1****Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/14

as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income**1. What is your marital and filing status? Check one only.**

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 6,586.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00

*** CORRECTED ***

AMENDEDDebtor 1
Debtor 2**Ricardo Deleon Gavino**
Edna Castro Gavino

Case number (if known)

15-00682**Column A**
Debtor 1**Column B**
Debtor 2 or
non-filing spouse

7. Interest, dividends, and royalties

\$ 0.00

\$ 0.00

8. Unemployment compensation

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00

For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 1,660.33

\$ 0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. VA Disability

\$ 3,172.13

\$ 0.00

10b.

\$ 0.00

\$ 0.00

10c. Total amounts from separate pages, if any.

+ \$ 0.00

\$ 0.00

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 4,832.46

+ \$ * 6,586.00 *

\$ * 11,418.46 *

CORRECTED
Total average monthly income**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11.

CORRECTED * \$ 11,418.46 *

13. Calculate the marital adjustment. Check one:

- ☐ You are not married. Fill in \$0 on line 3d.
- ☒ You are married and your spouse is filing with you. Fill in 0 in line 13d.
- ☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In line 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. \$

13b. \$

13c. +\$

13d. Total

\$ 0.00

Copy here=> 13d. 0.00

14. Your current monthly income. Subtract line 13d from line 12.

CORRECTED * \$ 11,418.46 *

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=>

CORRECTED * \$ 11,418.46 *

Multiply line 15a by 12 (the number of months in a year)

x 12

15b. The result is your current monthly income for the year for this part of the form

15b. \$ 137,021.52

*** CORRECTED ***

AMENDELDebtor 1
Debtor 2**Ricardo Deleon Gavino**
Edna Castro GavinoCase number (if known) **15-00682****16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live.

CA

16b. Fill in the number of people in your household.

4

16c. Fill in the median family income for your state and size of household.

16c. \$ 78,150.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 22C-2).*17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2). On line 39 of that form, copy your current monthly income from line 14 above.***Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)**

18. Copy your total average monthly income from line 11.

18. \$ 11,418.46

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. \$ 0.00

Subtract line 19a from line 18.

19b. \$ 11,418.46

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b here

Multiply by 12 (the number of months in a year).

20a. \$ 11,418.46

x 12

20b. The result is current monthly income for the year for this part of the form

20b. \$ 137,021.52

20c. Copy the median family income for your state and size of household from line 16c

\$ 78,150.00**21. How do the lines compare?**☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years. Go to Part 4.*☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years. Go to Part 4.***Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X
Ricardo Deleon Gavino
Signature of Debtor 1

Date

MM / DD / YYYYX
Edna Castro Gavino
Signature of Debtor 2

Date

MM / DD / YYYY

If you checked line 17a, do NOT fill out or file Form 22C-2.

If you checked line 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

* CORRECTED *

AMENDED11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.* **CORRECTED** *
\$ 602.00 *13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments**Vehicle 1** Describe Vehicle 1: 2002 Toyota Sequoia; 94,539 miles Value based on kbb.com13a. Ownership or leasing costs using IRS Local Standard 13a. \$ 517.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divided by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Navy Federal Credit Union	\$ <u>73.52</u>

Copy 13b here => -\$ 73.5213c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.13c. \$ 443.48Copy net Vehicle 1 expense here => \$ 443.48**Vehicle 2** Describe Vehicle 2: 2011 Toyota Camry; 45,500 miles Value based on kbb.com13d. Ownership or leasing costs using IRS Local Standard 13d. \$ 517.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
Toyota Motor Credit Company	\$ <u>170.37</u>

Copy 13e here => -\$ 170.3713f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0.13f. \$ 346.63Copy net Vehicle 2 expense here => \$ 346.6314. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.\$ 0.0015. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.\$ 0.00* **CORRECTED** *

AMENDED

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. **CORRECTED** * \$ 1,426.62 *
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. **UNRECORDED** * \$ 577.84 *
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. +\$ 55.00
24. **Add all of the expenses allowed under the IRS expense allowances.** **CORRECTED** * \$ 5,782.57 *
- Add lines 6 through 23.

Additional Expense Deductions These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 13.75

Disability insurance \$ 0.00

Health savings account + \$ 0.00

Total \$ 13.75 Copy total here=> \$ 13.75

Do you actually spend this total amount?

☐ No. How much do you actually spend?

☒ Yes

\$ _____

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00

By law, the court must keep the nature of these expenses confidential.

AMENDED

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
FCI Lender Services	Single Family Residence Location: 1424 Robles Drive, Chula Vista, CA 91911 Property taxes and insurance impounded Value based on zillow.com	CORRECTED \$ * 58,192.66 * + 60 = \$	* 969.88 *
Mortgage Service Center	Single Family Residence Location: 1424 Robles Drive, Chula Vista, CA 91911 Property taxes and insurance impounded Value based on zillow.com	\$ 18,906.36 + 60 = \$	315.11
		\$ + 60 = +\$	
		* Total \$ 1,284.99	Copy total here=> \$ 1,284.99 *

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ 4,228.72 + 60 = \$ 70.48

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

☐ No. Go to line 37.

☒ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ 1,347.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X 5.60

Average monthly administrative expense if you were filing under Chapter 13

\$ 75.43

Copy total here=> \$ 75.43

37. Add all of the deductions for debt payment.
Add lines 33g through 36.

\$ 4,771.94

*** CORRECTED ***

AMENDED**Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, All of the expenses allowed under IRS
expense allowances

* \$ 5,782.57

Copy line 32, All of the additional expense deductions

* \$ 178.75

Copy line 37, All of the deductions for debt payment

* \$ 4,771.94

* CORRECTED
* CORRECTED
* CORRECTED

Total deductions

\$ 10,733.26

Copy total here=>

* \$ 10,733.26 *

* CORRECTED

AMENDED**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13, *Statement of Your Current Monthly Income and Calculation of Commitment Period* **CORRECTED** \$ ~~11,418.46~~ *
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0.00
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 0.00
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here. => \$ ~~10,733.26~~ * **CORRECTED**
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.
- | Describe the special circumstances | Amount of expense |
|--|-------------------|
| 43a. _____ | \$ _____ |
| 43b. _____ | \$ _____ |
| 43c. _____ | \$ _____ |
| 43d. Total. Add lines 43a through 43c. _____ | \$ 0.00 |
- Copy 43d here=> \$ 0.00
44. Total adjustments. Add lines 40 through 43d. **CORRECTED** \$ ~~10,733.26~~ * **CORRECTED** Copy total here=> \$ ~~10,733.26~~ *
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ ~~685.20~~ * **CORRECTED**

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____

*** CORRECTED ***

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X

Ricardo Deleon Gavino
Signature of Debtor 1

Date

MM / DD / YYYY

X

Edna Castro Gavino
Signature of Debtor 2

Date

MM / DD / YYYY

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2014 to 01/31/2015.

Line 9 - Pension and retirement income

Source of Income: **United States Navy**

Income by Month:

6 Months Ago:	<u>08/2014</u>	<u>\$1,651.00</u>
5 Months Ago:	<u>09/2014</u>	<u>\$1,651.00</u>
4 Months Ago:	<u>10/2014</u>	<u>\$1,651.00</u>
3 Months Ago:	<u>11/2014</u>	<u>\$1,651.00</u>
2 Months Ago:	<u>12/2014</u>	<u>\$1,679.00</u>
Last Month:	<u>01/2015</u>	<u>\$1,679.00</u>
Average per month:		<u>\$1,660.33</u>

Line 10 - Income from all other sources

Source of Income: **VA Disability**

Income by Month:

6 Months Ago:	<u>08/2014</u>	<u>\$3,172.13</u>
5 Months Ago:	<u>09/2014</u>	<u>\$3,172.13</u>
4 Months Ago:	<u>10/2014</u>	<u>\$3,172.13</u>
3 Months Ago:	<u>11/2014</u>	<u>\$3,172.13</u>
2 Months Ago:	<u>12/2014</u>	<u>\$3,172.13</u>
Last Month:	<u>01/2015</u>	<u>\$3,172.13</u>
Average per month:		<u>\$3,172.13</u>

AMENDED

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 08/01/2014 to 01/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Department of Health Care Services

Income by Month:

* 6 Months Ago:	<u>08/2014</u>	<u>\$6,586.00</u>	* > CORRECTED
5 Months Ago:	<u>09/2014</u>	<u>\$6,586.00</u>	
4 Months Ago:	<u>10/2014</u>	<u>\$6,586.00</u>	
3 Months Ago:	<u>11/2014</u>	<u>\$6,586.00</u>	
2 Months Ago:	<u>12/2014</u>	<u>\$6,586.00</u>	
Last Month:	<u>01/2015</u>	<u>\$6,586.00</u>	
* Average per month:		<u>\$6,586.00</u> *	

* CORRECTED *